

Beth Sholom Congregation
Early Childhood Center
11825 Seven Locks Road, Potomac, MD 20854
T: (301) 279-7010 F: (301) 279-5815



Registration Form 2026-2027

1. Name of Student: _____
Last First Middle
2. Age as of 9/1/26: _____ Gender: _____ Date of Birth: _____ Member of BSCTT? Y or N

Program Selection

Core Program (5 days)

- Tiny Tots Half Day 9:00 – 12:30
- Tiny Tots Full Day 9:00 – 4:00
- Toddlers Half Day 9:00 – 12:30 (child must be walking to enter program)
- Toddlers Full Day 9:00 – 4:00 (child must be walking to enter program)
- Two Year Olds 9:00 – 4:00
- Three Year Olds 9:00 – 4:00
- Four Year Olds 9:00 – 4:00

Extra Options

- Early Drop 8:00 – 9:00
- Aftercare 4:00 – 5:00
- Late Stay 5:00 – 5:30

The Maryland State Department of Education regulates that children entering Kindergarten must be 5 years old by September 1, 2026. We follow this guideline for class placement. All school payments are non-refundable. No refunds will be given for absences or early withdrawal prior to or during the school year. Should the ECC exercise its right to deny admission to a child, a full refund will be granted.

Student's Family Information

1. Parent or Guardian I

Name: _____
Street: _____ Apt. _____
City: _____
State: _____ Zip: _____

Telephone: (daytime): () _____
Telephone: (evening): () _____
Cell phone: () _____
E-mail: _____

Parent or Guardian II

Name: _____
Street: _____ Apt. _____
City: _____
State: _____ Zip: _____

Telephone: (daytime): () _____
Telephone: (evening): () _____
Cell phone: () _____
E-mail: _____

Mother Jewish by birth Mother Jewish by Conversion - Rabbi's Name: _____ Date: _____
 Child Jewish by Conversion - Rabbi's Name: _____ Date: _____

2. Other Family Members

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Additional Information

ALLERGIES: (Substances allergic to, reactions, and treatment) _____

Does/has your child receive/received support services? Yes ___ No ___

If yes, in what areas? OT ___ PT ___ Speech/Language ___ PEP Program ___ Social Skills ___

Infants/Toddlers ___ Child Find ___

Does your child have an IFSP/IEP? Yes ___ No ___ (If yes, please attach a copy of the IFSP/IEP)

Has your child previously attended another pre-school program? If so, please list below:

Please indicate below child's strengths and weaknesses (physical, emotional, or intellectual).
In addition, please provide any other information that may be pertinent to the education, growth, and development of the student (attach additional sheets if necessary).

A limited amount of financial assistance is available to our families. If you are in need of such, please check this box and we will send you an application. You must complete this registration form and pay the registration fee for us to consider your application.

**Please return this form, accompanied by your \$850 non-refundable deposit (\$950 after 3/27/26)
This includes the \$150 registration (\$250 after 3/27/26),
\$200 Security Fee, and \$500 ECC Family Benefit Package per family,
Subsequent children are \$350 per child (\$450 after 3/27/26).**

Payment choices:

Please charge the deposit and registration fee to my:

EFT account: _____ Routing Number: _____

Credit card (3% fee) _____ Exp: _____ Sec Code: _____

Parent or Guardian Signature Date

Parent or Guardian Signature Date